Sindecuse
Health Center
WESTERN MICHIGAN UNIVERSITY

269 387 3287
269 387 3204 fax

Medical and Mental Health Treatment Authorization

For patients under the age of eighteen (18) to be seen by clinical and counseling employees at Sindecuse Health Center, this form must be signed. Health Center staff make every effort to contact you in the event of an emergency or serious illness.

I hereby authorize staff of Sindecuse Health Center at Western Michigan University to administer treatment to my son or daughter. This authorization is effective from the date of signature until the patient is of legal age or ineligible to use the facility's services.

I hereby authorize staff of Sindecuse Health Center at Western Michigan University to administer medical treatment to my son or daughter. This authorization is effective from the date of signature until the patient is of legal age or ineligible to use the facility's services.

MINOR'S NAME (PRINT)

WIN (WMU IDENTIFICATION NUMBER)

x

PARENT OR GUARDIAN'S SIGNATURE

DATE

PARENT OR GUARDIAN'S NAME (PRINT)

HOME PHONE #

MOBILE PHONE #

WORK PHONE #